

EARLY CHILDHOOD PROGRAM AID

**ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN**

SCHOOL YEAR 2002-2003

<i>Part V (Provider Budget Instructions and Forms) revised 10/15/2001</i>

**SUBMIT ORIGINAL, THREE COPIES, AND COMPUTER DISK FILE OF
COMPLETED OPERATIONAL PLAN TO:**

**THE NEW JERSEY STATE DEPARTMENT OF EDUCATION
DIVISION OF EARLY CHILDHOOD EDUCATION
P.O. BOX 500
TRENTON, NEW JERSEY 08625-0500**

DUE DATE: November 15, 2001

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
SCHOOL YEAR 2002-2003**

Table of Contents

Instructions	2
Cover Page	5
Part I: Enrollment Projections.....	6
Part II: Program and Component Activity Form.....	10
1. Program Planning and Development.....	10
2. Curriculum Development Activities	16
3. Community Collaboration.....	18
4. Professional Development.....	19
5. Health and Social Services Activities	21
6. Parental Involvement.....	22
Part III: Statement of Assurances	23
Part IV: Budget Statement Form	24
Part V: Provider Budget Instructions and Forms.....	25
Attachments	

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
SCHOOL YEAR 2002-2003**

Instructions

Abbott school districts must submit a one-year operational plan for the 2002-2003 school year, pursuant to New Jersey Administrative Code (N.J.A.C.) 6A:24-3.3(4). The One-Year Early Childhood Education Operational Plan must be aligned with the Whole School Reform model or design in the receiving elementary school in the district, the district's long-term comprehensive plan (*i.e.*, strategic plan, if applicable) and the district's Long Range Facilities Plan. The purpose of the plan is to provide implementation activities and related costs for *preschool* programs serving three- and four-year-olds for the 2002-2003 school year. *Please do not include kindergarten in the One-Year Early Childhood Education Operational Plan.* The plan can be found on the Department of Education's website, www.nj.state.nj.us/education/.

The completed plan is due by 4:15 p.m. on November 15, 2001.

ALL SUBMISSIONS ARE FINAL.

No additional information for the plan will be accepted after the due date. The department cannot guarantee approval by January 5, 2002 for plans submitted after the due date.

There will be no informal appeals of the department's plan approval decisions.

The district shall continue all programs as approved in the district's 2001-2002 school year early childhood education operational plan until the 2002-2003 plan becomes effective on July 1, 2002. The district shall cooperate with and/or utilize Department of Human Services (DHS) licensed child care providers whenever practical to implement required preschool programs and shall not duplicate programs or services otherwise available in the community. The board shall contract with a DHS-licensed child care provider to provide services when the provider agrees to meet the standards set forth in N.J.A.C. 6A-24-3.3. (See Attachment A.)

Follow the instructions below to complete the attached Early Childhood Education One-Year Operational Plan. The district's program, business and facilities administrators must work closely together to complete the plan forms. Complete the cover page and attach a copy of the signed Board Resolution. **The district must provide justification to support all of its funding requests.**

Part I: Enrollment Projections

1. Use the worksheet in **Table 1** to determine the number of three- and four-year-old children who reside in the district that are eligible for preschool programs. This number should be the average of the total kindergarten and first-grade enrollments reported on the 2001-2002

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
SCHOOL YEAR 2002-2003**

Application for State School Aid (ASSA). Be sure to add in the number of children attending kindergarten and first grade in charter schools from the ASSA report and the number of children attending non-public schools from the data provided by the department.

2. Indicate in **Table 2A** and **Table 2B** the projected number of children enrolled by year, type of setting, age, and length of day. To determine the projected number of children that may enroll in the district's early childhood education program, first, the district must use the universe number obtained in **Table 1** above for each age group. Second, the district must make appropriate adjustments to enrollment projections for the three- and four-year-old children based on the documented history of the actual enrollments in the three- and four-year-old program and the program growth over past years. The district must also identify any factors in the community that might affect the growth rate in the three- and four-year-old program.

The total number of children in **Table 2B** should equal the number of eligible children to be served in **Table 1**. If the numbers are not equal, please provide an explanation on a separate page. Indicate in **Table 3** the explanations for unserved preschool children.

3. Include a list of sites/programs, the number of classrooms serving three- and four-year-olds, and the number of children in each classroom. Include all sites, whether in-district or contracted community providers.

Part II: Program and Component Activity Forms

1. Complete a Program and Component Activity Form (PCAF) for the full-day program for each age group (*i.e.*, separate form(s) must be completed for each age group). **You must provide a justification and cost basis for all requested components/activities funding.**
2. If an activity crosses over components, it should be listed in each component, but only budgeted under one.
3. In the appropriate column on the PCAF, identify the account code and itemized costs for each activity.
4. There must be a clear crosswalk between the early childhood education plan and the district-wide budget. The costs in the early childhood education plan should be identified with specific accounts in the district wide budget and appropriate early childhood education accounts (Fund 20).

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
SCHOOL YEAR 2002-2003**

Part III: Statement of Assurances

1. The Chief School Administrator must sign and date the Statement of Assurances form.

Part IV: Budget Statement Form

1. Complete a separate Early Childhood Education Budget Statement Form G for each PCAF by age group.

Definitions

1. *Full day/full year:* This is a ten-hour day, 245 days per year. For a minimum of 180 school calendar days, this must include at least a six-hour educational component meeting Department of Education requirements and a four-hour wrap around services component meeting DHS licensing requirements. The remaining 65 days must meet DHS requirements for the ten hours of service.
2. *Expanded Head Start:* This is an individual classroom that does not receive federal funds but is located within a Head Start provider building and operated by the Head Start agency through a contract with DHS and school district. Children in these classrooms should be considered served under the Abbott program and must be considered in district plans in regard to required program components and suggested activities. Funding for the Expanded Head Start program comes from the district and DHS.
3. *Wrap around services:* The four hours before and/or after the six-hour educational component of the ten-hour full day and the summer program.

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
SCHOOL YEAR 2002-2003**

Cover Page

County Name: _____ County Code: _____

District Name: _____ District Code: _____

Chief School Administrator: _____

School Business Administrator: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Early Childhood Program Contact: _____ Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Person who should be contacted concerning questions about the early childhood plan:

Name: _____ Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Date of the Board Resolution: _____

Attach a copy of the signed and dated Board Resolution. If not included, provide date of expected approval.

Please note: Your plan will only be approved when a board resolution approving the submission of the Early Childhood Operational Plan is received by the department.

Chief School Administrator's Signature

Date

School Business Administrator's Signature

Date

**EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003**

Part I: Enrollment Projections

1. Due to the need for reliable and valid data in making future program plans and facilities decisions, the department has developed a methodology to determine the universe of eligible three- and four-year-olds in each district. To determine the universe, follow these steps to fill in **Table 1** below:
 - a. Determine the number of children attending kindergarten. This number is equal to the sum of the kindergarten enrollment as reported on the district's 2001-2002 Application for State School Aid (ASSA) and the kindergarten enrollment in charter schools (from the ASSA report) and non-public schools (provided by NJDOE).
 - b. Determine the number of children attending first grade. This number is equal to the sum of the first-grade enrollment as reported on district's 2001-2002 ASSA and the first-grade enrollment in charter schools (from the ASSA report) and non-public schools (provided by NJDOE).
 - c. Average the total of (a) and (b) above. This average is to be used as the universe for three-year-olds and the universe for four-year-olds. You will use the same number for both three- and four-year-olds.

**TABLE 1: WORKSHEET TO DETERMINE
UNIVERSE OF ELIGIBLE CHILDREN IN THE DISTRICT**

2001-2002 KINDERGARTEN ENROLLMENT	
2001-2002 ASSA public school enrollment	
2001-2002 ASSA charter school enrollment	
2001-2002 Non-public school enrollment (from NJDOE)	
Subtotal A: 2001-2002 Kindergarten enrollment	
2001-2002 FIRST-GRADE ENROLLMENT	
2001-2002 ASSA public school enrollment	
2001-2002 ASSA charter school enrollment	
2001-2002 Non-public school enrollment (from NJDOE)	
Subtotal B: 2001-2002 First-grade enrollment	
CALCULATION 1	
Add Subtotal A and Subtotal B .	
CALCULATION 2	
Divide the result from Calculation 1 by 2.	
<p>↓ (Continued on next page.) ↓</p>	

**EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003**

Part I: Enrollment Projections (Continued)

**TABLE 1: WORKSHEET TO DETERMINE TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE DISTRICT
(Continued)**

2002-2003 UNIVERSE OF ELIGIBLE THREE-YEAR-OLDS	
Enter the result from Calculation 2 on this line.	
2002-2003 UNIVERSE OF ELIGIBLE FOUR-YEAR-OLDS	
Enter the result from Calculation 2 on this line.	

2. Indicate in **Table 2A** and **Table 2B** below the projected number of children enrolled by school year, type of setting (*e.g.*, district, community-based provider), age, and length of day. To determine the projected number of children, use the universe number obtained in **Table 1** and make appropriate adjustments based on the documented history of actual enrollments, program growth over past years, and any factors in the community that might affect the growth rate. Only districts operating under specially approved waivers pursuant to N.J.A.C. 6A:24-3.3 and 6A:5-1.1 may operate half-day programs. The total numbers of children served in **Table 2B** should equal the total number of eligible children to be served in **Table 1**. If the numbers are not equal, please provide an explanation on a separate page.

**TABLE 2A: PROJECTED NUMBER OF CHILDREN ENROLLED IN
EARLY CHILDHOOD PROGRAMS BY SCHOOL YEAR, TYPE OF SETTING, AGE & LENGTH OF DAY**

SCHOOL YEAR AND TYPE OF SETTING	HALF-DAY THREE-YEAR-OLDS	FULL- DAY THREE-YEAR-OLDS	HALF-DAY FOUR-YEAR-OLDS	FULL-DAY FOUR-YEAR-OLDS
2001-2002				
School-Based/State-Funded Early Childhood Program Aid*				
School-Based Self-Contained Special Education				
Community-Based Child Care Centers**				
Federally Funded Head Start Centers***				
Not Enrolled in Any of the Above (Unserved)				
TOTAL - 2001-2002				

**EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003**

Part I: Enrollment Projections (Continued)

**TABLE 2B: PROJECTED NUMBER OF CHILDREN ENROLLED IN
EARLY CHILDHOOD PROGRAMS BY SCHOOL YEAR, TYPE OF SETTING, AGE & LENGTH OF DAY**

SCHOOL YEAR AND TYPE OF SETTING	HALF-DAY THREE-YEAR-OLDS	FULL-DAY THREE-YEAR-OLDS	HALF-DAY FOUR-YEAR-OLDS	FULL-DAY FOUR-YEAR-OLDS
2002-2003				
School-Based/State-Funded Early Childhood Program Aid*				
School-Based Self-Contained Special Education				
Community-Based Child Care Centers**				
Federally Funded Head Start Centers***				
Not Enrolled in Any of the Above (Unserved)				
TOTAL - 2002-2003				

* For school-based programs, include any classified students in an inclusive environment.

** For community-based programs, include expanded Head Start programs and any classified students in an inclusive environment.

*** Children listed under Head Start under contract with DHS are included in the Abbott program. These children must be considered when planning required program components and suggested activities.

**EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003**

Part I: Enrollment Projections (Continued)

3. If known, indicate in **Table 3** below the explanation for children not enrolled in the above program types (*i.e.*, unserved children).

TABLE 3: TOTAL NUMBER OF UNSERVED CHILDREN BY SCHOOL YEAR AND REASON FOR NOT ENROLLING

REASON FOR NOT ENROLLING	NUMBER OF CHILDREN, 2001-2002	NUMBER OF CHILDREN, 2002-2003
Enrolled in non-participating, DHS-licensed programs		
Attending faith-based programs		
Using family day care, approved family homes or are at home with a parent/guardian		
Attending nonpublic schools		
Attending charter schools		
Other (describe)		
TOTAL		

4. Provide a list of all sites in the district serving three- and four-year-olds. Include the number of classrooms for each age at each site (school-based and community-based) and the number of children in each classroom.

District Name: _____

Page ____ of ____

EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003
 Duplicate this form as necessary.

CHECK THE APPROPRIATE PROGRAM: _____ Preschool Three-Year-Olds Full-Day _____ Preschool Four-Year-Olds Full-Day

Part II: Program and Component Activity Form

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES Account code and itemized cost for each component must be indicated in appropriate columns. Provide justification to support each component/activity.	ACCOUNT CODE	ITEMIZED COSTS
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1. Program Planning and Development

1.1	Please provide a detailed justification of your budget request and need for staff (teachers, aides, master teachers, secretaries, supervisors, etc.) in the space below.		
	Teachers		
	_____ to be served by _____ (15:1) (# of children) (# of classroom teachers) _____ at \$ _____ (# of classroom teachers) (salary) Cost of Benefits		
	Teacher Aides (One Per Class)		
	_____ at \$ _____ (# of aides) (salary) Cost of Benefits		

District Name: _____

Page ____ of ____

**EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003**
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CHECK THE APPROPRIATE PROGRAM: _____ Preschool Three-Year-Olds Full-Day _____ Preschool Four-Year-Olds Full-Day

Part II: Program and Component Activity Form

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES Account code and itemized cost for each component must be indicated in appropriate columns. Provide justification to support each component/activity.	ACCOUNT CODE	ITEMIZED COSTS
	Master Teachers		
	_____ at \$ _____ (1:20 classrooms) (# of master teachers) (salary) Cost of Benefits		
	Administrative/Supervisory		
	_____ at \$ _____ (# of administrators/supervisors) (salary) (list each separately by type) Cost of Benefits		
Professional Support Staff			
	_____ at \$ _____ (# of professional support staff) (salary) (list each separately by type) Cost of Benefits		

District Name: _____

Page ____ of ____

**EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003**
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Part II: Program and Component Activity Form

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES Account code and itemized cost for each component must be indicated in appropriate columns. Provide justification to support each component/activity.	ACCOUNT CODE	ITEMIZED COSTS
	Clerical Support Staff		
	_____ at \$ _____ (# of clerical support staff) (salary) (list each separately by type) Cost of Benefits		
	Other Staff		
1.2	Please provide a detailed justification of your budget request and need for materials and supplies in the space below.		
	Itemized costs for materials and supplies		
	_____ at \$ _____ for materials and supplies (# of existing classrooms) _____ at \$ _____ for materials and supplies (# of new classrooms)		

District Name: _____

Page ____ of ____

EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003
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Part II: Program and Component Activity Form

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES Account code and itemized cost for each component must be indicated in appropriate columns. Provide justification to support each component/activity.	ACCOUNT CODE	ITEMIZED COSTS
1.3	Please provide a detailed justification of your budget request and need for technology in the space below.		
	Itemized costs for technology		
	_____ : _____ X \$ _____ X _____ (item) (# of items) (cost per item) (# of classrooms)		
1.4	Please provide a detailed justification of your budget request and need for transportation in the space below.		
	Itemized costs for transportation		
	_____ (# of children) _____ X \$ _____ (# of routes) (cost per route)		
1.5	Please provide a detailed justification of your budget request and need for playground equipment in the space below. An item costing more than \$2000 is considered equipment.		
	Itemized costs for playground equipment		
	_____ : _____ X \$ _____ (item) (# of items) (cost per item)		

District Name: _____

Page ____ of ____

**EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003**
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CHECK THE APPROPRIATE PROGRAM: _____ Preschool Three-Year-Olds Full-Day _____ Preschool Four-Year-Olds Full-Day

Part II: Program and Component Activity Form

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES Account code and itemized cost for each component must be indicated in appropriate columns. Provide justification to support each component/activity.	ACCOUNT CODE	ITEMIZED COSTS
1.6	Please provide a detailed justification of your budget request and need for classroom equipment in the space below.		
	Itemized costs for classroom equipment		
	_____ : _____ X \$ _____ X _____ (item) (# of items) (cost per item) (# of classrooms)		
1.7	Please provide a detailed justification of your budget request and need for classroom furniture in the space below.		
	Itemized costs for classroom furniture		
	_____ : _____ X \$ _____ X _____ (item) (# of items) (cost per item) (# of classrooms)		
1.8	Please describe your recruitment and outreach plan and provide a detailed justification of your budget request and need for recruitment and outreach . List all activities below.		
	Itemized costs for recruitment and outreach		

District Name: _____

Page ____ of ____

**EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003**
Duplicate this form as necessary.

CHECK THE APPROPRIATE PROGRAM: _____ Preschool Three-Year-Olds Full-Day _____ Preschool Four-Year-Olds Full-Day

Part II: Program and Component Activity Form

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES Account code and itemized cost for each component must be indicated in appropriate columns. Provide justification to support each component/activity.		ACCOUNT CODE	ITEMIZED COSTS
1.9	Please provide a detailed justification of your budget request and need for other activities (e.g., Visiting Nurse Association, DARE, CAP, visits to hospitals, senior volunteers, FACES grant, etc.) in the space below.			
	Itemized costs for other activities			
	<div> <div>_____</div> <div>:</div> <div>_____</div> <div>X</div> <div>_____</div> <div>(activity)</div> <div>(cost per child)</div> <div>(# of children)</div> </div>			

Page ____ of ____

Duplicate this form as necessary.

CHECK THE APPROPRIATE PROGRAM: _____ Preschool Three-Year-Olds Full-Day _____ Preschool Four-Year-Olds Full-Day

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES Account code and itemized cost for each component must be indicated in appropriate columns. Provide justification to support each component/activity.	ACCOUNT CODE	ITEMIZED COSTS
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2.0	Please provide a detailed justification of your budget request for Curriculum Development Activities in the space below. Describe how the activities are aligned with the <i>Early Childhood Education Program Expectations: Standards of Quality</i> and the Whole School Reform model.			
2.1	Identify, describe, and provide itemized costs for curricula being used in district and community provider preschool programs. If more than one, list each and number of classrooms each is used in.			
	Curriculum In Use	Number of Classrooms		
	In-District			
	Community Provider			

District Name: _____

Page ____ of ____

EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003
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Part II: Program and Component Activity Form

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES Account code and itemized cost for each component must be indicated in appropriate columns. Provide justification to support each component/activity.	ACCOUNT CODE	ITEMIZED COSTS
2.2	Identify, describe, and provide itemized costs for any field trips , including locations and participation levels. Include transportation costs.		
	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">(# of participants)</div> </div> <div style="margin: 0 10px;">X \$</div> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">(cost per participant)</div> </div> </div>		
2.3	Identify, describe, and provide itemized costs for any assemblies and/or classroom guests . Give names of each, if known.		
2.4	Identify, describe, and provide itemized costs for any bilingual/ESL inclusive education activities that are consistent with the district plan submitted to the Office of Bilingual Education and Equity Issues.		
2.5	Identify, describe, and provide itemized costs for special education inclusive activities .		
2.6	Other (Give specifics and itemized costs.)		

District Name: _____

Page ____ of ____

**EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003**

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CHECK THE APPROPRIATE PROGRAM: _____ Preschool Three-Year-Olds Full-Day _____ Preschool Four-Year-Olds Full-Day

Part II: Program and Component Activity Form

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES Account code and itemized cost for each component must be indicated in appropriate columns. Provide justification to support each component/activity.	ACCOUNT CODE	ITEMIZED COSTS
------------------------------	---	-----------------	-------------------

3. Community Collaboration

3.0	Please provide a detailed justification of your budget request for Community Collaboration in the space below. A plan should be implemented to support a program of comprehensive child and family services based on the needs of the children.					
3.1	List the name of each DHS provider the district anticipates contracting with, the number of children to be contracted for, the number of classrooms, and the per pupil amount. Attach a sample classroom budget for each contracted center to provide evidence of the per pupil amount. The provider must follow the directions for determining per pupil allocations in Part V.					
	Name of Provider	# of Slots	# of Classrooms	Per Pupil Amount		
3.2	Wrap-around Collaboration. List the name of each provider the district anticipates contracting with for extended day and summer services and the number of children to be contracted for.					
	Name of Provider	# of Slots				
3.3	Identify, describe, and provide itemized costs for other strategies and activities for coordination and cooperation among all participating agencies, parents and community groups.					
	<div> <div>_____</div> <div>:</div> <div>_____</div> <div>X</div> <div>_____</div> </div> <div> <div>(strategy/activity)</div> <div>(unit cost)</div> <div>(# of children)</div> </div>					

District Name: _____

Page ____ of ____

**EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003**
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CHECK THE APPROPRIATE PROGRAM: _____ Preschool Three-Year-Olds Full-Day _____ Preschool Four-Year-Olds Full-Day

Part II: Program and Component Activity Form

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES Account code and itemized cost for each component must be indicated in appropriate columns. Provide justification to support each component/activity.	ACCOUNT CODE	ITEMIZED COSTS
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4. Professional Development

4.0	Please describe your professional development plan in the space below.		
4.1	Please provide a detailed justification of your budget request for in-district staff development in the space below. Include the number of staff participating in each activity.		
	Itemized costs for in-district staff development		
	Workshops: _____ : _____ X \$ _____ (workshop name) (# of teachers) (cost per teacher)		
	Consultants fees: _____ : _____ X \$ _____ (consultant) (workshop name) (# of teachers) (cost per teacher)		
	Materials _____ X \$ _____ (# of participating staff/classrooms) (cost per staff member/classroom)		
	Teacher/substitute stipends _____ X \$ _____ (# of participating staff/classrooms) (cost per staff member/classroom)		
	Other (give specifics)		

District Name: _____

Page ____ of ____

EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003
 Duplicate this form as necessary.

CHECK THE APPROPRIATE PROGRAM: _____ Preschool Three-Year-Olds Full-Day _____ Preschool Four-Year-Olds Full-Day

Part II: Program and Component Activity Form

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES Account code and itemized cost for each component must be indicated in appropriate columns. Provide justification to support each component/activity.	ACCOUNT CODE	ITEMIZED COSTS
4.2	Please provide a detailed justification of your budget request for out-of-district staff development in the space below. Include the number of staff participating in each activity.		
	Itemized costs (registration fees, travel, lodging, food, etc.) for out-of-district staff development		
	$\frac{\text{_____}}{(\# \text{ of participants})} \times \left[\$ \frac{\text{_____}}{(\text{registration fee})} + \frac{\text{_____}}{(\text{travel})} + \frac{\text{_____}}{(\text{lodging})} + \frac{\text{_____}}{(\text{food})} \right]$		
4.3	Please provide a detailed justification of your budget request for other staff development in the space below. Include the number of staff participating in each activity.		
	Itemized costs for other staff development		
	$\frac{\text{_____}}{(\# \text{ of participants})} \times \$ \frac{\text{_____}}{(\text{cost per participant})}$		

District Name: _____

Page ____ of ____

**EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003**
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Part II: Program and Component Activity Form

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES Account code and itemized cost for each component must be indicated in appropriate columns. Provide justification to support each component/activity.	ACCOUNT CODE	ITEMIZED COSTS
------------------------------	---	-----------------	-------------------

5. Health and Social Services Activities			
5.0	Please describe and provide a detailed justification of your budget request for Health and Social Services Activities in the space below.		
5.1	Itemized costs for health screenings (describe each)		
	$\frac{\text{_____}}{\text{(\# of participants)}} \times \$ \frac{\text{_____}}{\text{(cost per participant)}}$		
5.2	Itemized costs for other health and social services activities (describe each)		
	$\frac{\text{_____}}{\text{(\# of participants)}} \times \$ \frac{\text{_____}}{\text{(cost per participant)}}$		

District Name: _____

Page ____ of ____

**EARLY CHILDHOOD PROGRAM AID - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN - SCHOOL YEAR 2002-2003**
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CHECK THE APPROPRIATE PROGRAM: _____ Preschool Three-Year-Olds Full-Day _____ Preschool Four-Year-Olds Full-Day

Part II: Program and Component Activity Form

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES Account code and itemized cost for each component must be indicated in appropriate columns. Provide justification to support each component/activity.	ACCOUNT CODE	ITEMIZED COSTS
------------------------------	---	-----------------	-------------------

6. Parental Involvement

6.0	Please describe and provide a detailed justification of your budget request for Parent Involvement in the space below. This includes parents, guardians, and those in a parental relationship to the child.		
6.1	Itemized costs for parent education workshops (describe each)		
	<div>_____ X \$ _____</div> <div>(# of workshops) (cost per workshop)</div>		
6.2	Itemized costs for other parent involvement activities (describe each)		

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
SCHOOL YEAR 2002–2003**

Part III: Statement of Assurances

The Chief School Administrator hereby assures that the following has occurred. If the Chief School Administrator cannot assure any of the activities below, please justify on a separate page.

- A. The Board of Education has collaborated with or utilized a DHS-licensed child care provider, including Head Start agencies who will serve non-federally-funded children whenever practical, to implement required preschool programs and has not duplicated programs or services otherwise available in the community. Community providers have agreed to meet the standards for educational programs set forth in Abbott V and VI.
- B. The one-year operational plan incorporates all early childhood education program components/activities identified in the instructions of this plan by age group and length of day.
- C. The early childhood education program is coordinated with the Board of Education's Long Range Facilities Plan (LRFP). The universe of children and projected number of children to be served in the LRFP should be the same number as in the operational plan.
- D. The early childhood education program is aligned with the *Early Childhood Education Program Expectations: Standards of Quality*.
- E. The early childhood education program is linked to each receiving elementary school's Whole School Reform model or design in the district.
- F. The early childhood education program is aligned with the school district's long-term comprehensive plan (i.e., strategic plan, if applicable).
- G. There is a clear crosswalk between the early childhood education operational plan itemized costs and the district-wide budget.
- H. The Board of Education will continue to serve all approved three- and four-year-olds in district and community-based provider programs until the effective date of the 2002-2003 approved plan.

I certify that all the above items and any attached justification(s) are correct and complete.

Chief School Administrator's Signature

Date

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
SCHOOL YEAR 2002–2003**

Part IV: Budget Statement Form

**(INSERT BUDGET STATEMENT FORM
MICROSOFT EXCEL WORKSHEET HERE.)**

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
SCHOOL YEAR 2002–2003**

Part V: Provider Budget (*REVISED 10/15/2001***)**

District Instructions

Districts must distribute a copy of Part V (instructions, worksheet, statement of assurances, and transfer forms) to every participating provider in the district. Each provider must then complete a one-year operational budget *with the worksheet provided* and submit this budget, any supporting documentation, and the statement of assurances to the district.

Districts should work with providers to ensure that costs are reasonable and appropriate and that sufficient justification for provider costs is incorporated into the district plan. Providers are asked to construct a zero-based budget reflecting the actual cost of delivering an early childhood education program meeting Abbott standards to Abbott children. There is no predetermined per pupil amount, as allocations shall be based on the unique needs of each provider and/or site. Districts are required to provide the New Jersey Department of Education with copies of each of the provider submissions as a part of their Abbott School District One-Year Operational Plan for 2002-2003.

PROVIDER INSTRUCTIONS

Using the **2002-2003 Abbott Provider Budget Worksheet** provided, each community provider must submit a one-year operational budget for the 2002-2003 school year. **Complete a separate worksheet for each site/location and age group.** The provider must meet the standards set forth in N.J.A.C. 6A-24-3.3.

Please budget ONLY for the six-hour-per-day instructional component and the 180-day (minimum) school year.

Do NOT budget for the four-hours-per-day wrap around component or the remaining 65 days that meet Department of Human Services requirements.

Zero-Based Budgeting

Please construct a zero-based budget reflecting the actual cost of delivering an early childhood education program meeting Abbott standards to Abbott children. There is no predetermined per pupil amount, as allocations shall be based on the unique needs of each provider and/or site. However, costs must be reasonable and appropriate. Expenses, especially ones that may appear unusually high or otherwise out of the ordinary, should be justified on a separate sheet; otherwise, such requests may not be approved.

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
SCHOOL YEAR 2002–2003**

Expense and Funding Categories

The budget/reporting form is divided into four general budget expense categories: (1) instructional costs, (2) support costs, (3) administrative costs, and (4) indirect costs. Report your projected costs under the appropriate line item in each budget category.

The Early Childhood Program Aid (ECPA) funding you request should not be used to duplicate services or otherwise supplant existing resources. Consequently, each line item is divided into five funding sources: (1) Department of Education ECPA funds; (2) Department of Human Services (DHS) funds; (3) district funds (separate from the provider ECPA per pupil amount); (4) federal funds; and (5) “Other” funds.

ECPA will be the primary funding source in most cases, but ECPA funds shall not be used to serve non-Abbott children. If Abbott children share resources with non-Abbott children, expenses must be prorated. Only expenses associated with serving Abbott children should appear in the ECPA column; non-Abbott expenses must be charged to other funding sources. For example, if a classroom contains 10 Abbott children who are entitled to preschool and five non-Abbott children who pay private tuition, the teacher’s salary, in most cases, would be divided such that two-thirds of the expense would be charged to ECPA, and one-third to the “Other” category. If you do not know the exact amount of funding from a non-ECPA source, it is sufficient to place an “X” in the appropriate column.

The DHS column is included to list any DHS funds for expenses that fall within the six-hour instructional day or 180-day school year. Do not include expenses for wrap around or summer services beyond the 180-day minimum school year requirement.

The district column is included to list any funds received from the district that are *not part of the ECPA per pupil amount for the provider*. For example, in some cases, the district may provide funding for all classroom materials and supplies to establish uniform resources across all classrooms and providers. In such cases, it would not be appropriate for the provider to request ECPA funding for materials and supplies, as this would duplicate the district’s effort. Instead, place an “X” in the district column to indicate that the district will cover the cost of materials and supplies.

Indicate federal resources in the federal column, and any resources that do not fit into the aforementioned categories (*e.g.*, private tuition, grants, general funds) in the “Other” column. Finally, the total column calculates the total cost per line item. The purpose here is to determine just what is the cost to provide Abbott services.

Salaries

All salaries must be listed and based on the amount of time spent in the Abbott classroom. Certain salaries, if prorated, must be prorated based on the amount of time spent in the Abbott

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
SCHOOL YEAR 2002–2003**

classroom. An example of a prorated salary may be a Director's position. The Director's position must be prorated in order to reflect the percentage of students that he/she is servicing as it relates to Abbott children and the amount of time on task. The same procedure must be done for the remaining positions where responsibilities are prorated, such as, custodian, nurse, clerical, food service worker, and substitute(s).

For a certified teacher, this indicates that the teacher has a BA and a P-3 Certification. For non-certified teachers, you must indicate their education and qualifications, as it would reflect different salaries depending on the person's background. For teacher's assistant, the same procedure must be followed. Please note for the substitute's section, that when teachers attend professional development, DHS funds cover substitutes for this item. When sick and vacation time is needed, and a substitute has to cover that teacher's class, ECPA funds are appropriate in this area. Also, indicate the appropriate funding source(s) under this area.

Because salaries may vary by education and experience, you may wish to attach a separate sheet providing additional detail. For example, if a provider employs several certified teachers with varying levels of experience, you may list the aggregate cost of their salaries on worksheet under "Certified Teacher Salary (BA + P-3)," and attach a breakout of their salaries and experience as supporting documentation and justification.

Fringe Benefits

Indicate the percentage of fringe benefits as it relates to instruction of Abbott children. Only costs associated with the Abbott classroom can be charged to the district, all other costs must be prorated with the center's other funding sources.

Professional Fees

Indicate the percentage of accounting/auditing, payroll and legal fees as it relates to the instruction of Abbott children. Only costs associated with the Abbott classroom can be charged to the district. All other costs must be prorated with the center's other funding sources.

Materials and Supplies

Indicate your per pupil expenditure for materials, supplies, field trips, office, janitorial and medical/first aid supplies for Abbott children. Only costs associated with the Abbott classroom can be charged to the district. All other costs must be prorated with the center's other funding sources. If the district funds this apart from the ECPA per pupil allocation, it should be listed in the district column.

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
SCHOOL YEAR 2002–2003**

Space Costs

Space costs must be prorated to indicate the amount that contributes to serving Abbott children. The rent must be prorated to indicate the square footage of the childcare center as it relates to serving Abbott children. Utilities and fire insurance must also be prorated to indicate the amount that contributes to servicing Abbott children. All fixed costs must be identified. The actual space that is utilized as an Abbott classroom must be identified as well.

Other Costs

Under advertisement, if the center is advertising for the recruitment of Abbott classroom teachers, this cost would be covered under per pupil funds. If it is general advertisement for the center, this is a cost to the center and should be budgeted within the center's funds. Only costs associated with the Abbott classroom can be charged to ECPA. All other costs must be prorated with the center's other funding sources.

Limits on Administrative and Indirect Costs

For the 2002-2003, the New Jersey Department of Education will limit administrative and indirect costs (as a percentage of the total provider budget) as follows:

	Administrative Costs	Indirect Costs
Existing Provider	20 percent	12 percent
New Provider	15 percent	8 percent

For 2003-2004, **all providers** shall be subject to a **15 percent** cap on administrative costs and an **8 percent** cap on indirect costs, so please plan accordingly. Only costs associated with the Abbott classroom can be charged to the district. All other costs must be prorated with the center's other funding sources. The provider may petition the department for a waiver of the cap on indirect costs only in extenuating circumstances, when the provider is unable to secure classroom space at a low enough cost to comply with the cap.

Fiscal Integrity and Accountability

Providers must complete the attached transfer notification form to notify the district and the New Jersey Department of Education (DOE) of minor plan amendments, and to request district and DOE permission for substantive revisions related to the provider's ECPA restricted programs.

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
SCHOOL YEAR 2002–2003**

- **Minor revisions** are revisions that (1) do not jeopardize the accomplishment of the objective nor (2) shift more than a cumulative 10 percent of the money allocated for a line item (*e.g.*, teacher salary, classroom materials and supplies) to another line item *within the same budget category* (*i.e.*, Instructional, Support, Administrative, and Indirect). Minor revisions do not require prior district and DOE written approval, but do require written notification to the district and DOE.
- **Substantive revisions** are revisions that (1) eliminate a line item, (2) reallocate more than a cumulative 10 percent of the money allocated for a line item to another line item within the same budget category, or (3) shift any amount of funds *between* budget categories. Substantive revisions require prior district and DOE written approval.

The center director must sign the attached two-page transfer notification form. Providers should make copies of the form for future use. The DOE and the provider will keep copies of the 2001-02 transfer forms on file; providers must make the forms available for audit.

Each Abbott provider shall be subject to an annual, independent, external audit to be performed by a certified public accountant. The providers will be required to provide information including, but not limited to:

- Accurate, current and complete disclosure of financial activities related to the State funding;
- Records that clearly identify the source and application of all funds used for the purposes described in the approved budget;
- Effective internal and accounting controls over all funds, property and other assets funded with program funds;
- A comparison of actual outlays to budgeted amounts;
- Accounting records that are supported by source documentation; and
- Procedures that ensure assets are safeguarded; laws and regulations are being followed; and the records are accurate.

Provider Statement of Assurances

The Director of the provider must sign and date the Statement of Assurances form.

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
SCHOOL YEAR 2002–2003**

(INSERT PROVIDER BUDGET MICROSOFT EXCEL WORKSHEET HERE.)

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
SCHOOL YEAR 2002–2003**

PROVIDER STATEMENT OF ASSURANCES

I, _____ (name), Director of _____
(the DHS-licensed provider), hereby assure that the following has occurred. If I cannot assure
any of the activities below, justification will be included on a separate page.

- A. The provider agrees to meet the standards for educational programs set forth in Abbott V and VI.
- B. The provider's early childhood education program is aligned with the *Early Childhood Education Program Expectations: Standards of Quality*.
- C. The provider's early childhood education program is linked to each receiving elementary school's Whole School Reform model or design in the district.
- D. Items on the attached provider budget are true and accurate, and the provider shall make expenditures in strict accordance with the approved budget.
- E. The provider's activities and expenditures shall be subject to independent, external audit to ensure compliance with programmatic and fiscal requirements.

I certify that all the above items and any attached justification(s) are correct and complete.

Director's Signature

Date

Provider: _____

District: _____

**ABBOTT SCHOOL DISTRICT
2002-03 ECPA PROVIDER TRANSFER FORM**

In the space provided below, provide a clear explanation and rationale for the requested transfer. Document the proposed decreases and increases to budget items and categories on page two of this form.

Sign below on the appropriate line:

SUBSTANTIVE REVISIONS

Provider director signature for prior approval request:

Signature of Director

Date

District Approval:

Signature of Chief School Administrator

Date

DOE Approval:

Signature

Title

Date

MINOR REVISIONS

Provider director signature for acknowledgement/ratification:

Signature of Director

Date

District signature for acknowledgement/ratification:

Signature of Chief School Administrator

Date

DOE signature and title for acknowledgement/ratification:

Signature

Title

Date

(INSERT PROVIDER TRANSFER FORM MICROSOFT EXCEL WORKSHEET HERE.)